

## **CHAPTER VII: INTEGRATIVE MEDICINE**

### **Paradigm Shift in Medicine**

Now, let me finish up and try to be as specific as I can about where do I feel that integrative medicine comes in, and what are the roles of integrative medicine, and what is my definition of integrative medicine. Because I don't think it is radical, by any means. As a matter of fact, I think it's about as conservative and rational as any physician could have about the practice of medicine.

The mission of integrative medicine. Integrative medicine is an approach to the delivery of health care that draws on the best of the scientific approach to medicine but refocuses on:

The responsibility of the physician to involve the patient in their health.

The importance of compassion and caring. Now, this is -- I would say this is the heart and soul of many of the aspects of NCCAM. And I think they're doing it incredibly well.

The willingness to entertain nonconventional modalities with informed, and I would say even with compassionate skepticism. Let's not exclude things because we don't understand them. But some degree of skepticism, but let it be a kind skepticism. Let's give it a chance, particularly if the therapy is not harmful.

And scientific evaluation. If I've heard Steve Straus once, it's been a hundred times, about we need to understand ultimately what the alternative and complementary therapies are actually doing so that we will mainstream them. And I think everybody in this audience supports that, as long as our skepticism isn't so great that, by reductionist design, we eliminate any possibility for truth to be seen.

This is another aspect of NCCAM, and one that I truly believe in. The recognition of the importance of the mind-body relationship in well being, and prospective health planning.

Let me speak again, personally, as a physician and as a practicing rheumatologist, and how one can be so distorted and potentially perverted by the concept that for every disease there is a molecular mechanism and there's a cure and we need to find it and fix it. Having been trained in that conventional way, and having practiced as a rheumatologist, I remember a patient that I became very, very close to, a woman with rheumatoid arthritis, that used to come to see me roughly every two months, and she would be joyful when she came to see me. And I saw, every two months, her disease eroding just a little bit more of her joints, and I would jiggle her aspirin, or increase or decrease gold or some other type of therapy that barely had any effect on her disease, and I felt -- personally -- I felt as though I was a fraud.

This woman was paying good money to come to Duke to see me as a physician, and I was not curing her disease. And yet she came, and she seemed to want to come.

I would say that this was probably, up until 1992, 1993, 1994, and I remember one of the things that I did as Chancellor for Health Affairs at Duke is every year, I would give a report of the medical school to the Board of Trustees of the University. And what I would enjoy doing is absolutely wowing them on the major scientific discoveries that occurred through Duke faculty the year before, and the important publications, et cetera, et cetera.

And I remember one year, and probably, to some degree, thinking about my patient, about the ten top discoveries -- and they were dazzling, as they always were, and certainly as they are in many great institutions. But in thinking specifically about this patient, I remember thinking that none of these discoveries would impact her life. None of these discoveries, as best as I could tell, would impact any patient's life that I knew of, in my lifetime -- or even my son's lifetime.

And as I thought more and more, I realized that this dazzling, wonderful series of discoveries that is occurring at Duke and NIH throughout the United States will do an awful lot, but given the maladies that we see generation to generation to generation,

they're not going to touch them. And that there are things beyond us. There's care and compassion that goes beyond curing.

And if I think about why this patient came to see me, I wasn't fooling her -- which was my problem. I was thinking that I was potentially fooling her, because I wasn't really curing her disease. She was much smarter than I was. She was embedded in that relationship -- because I did care. I really did care for her.

And think of how much I lost as a physician, all those years, thinking that I was failing her, because I wasn't curing her, and not understanding that part of my major charge was caring for her. And I should have been delighting in that.

Now, this time in my life was a crossroads when I realized that the American health care system is really distorted and perverted in its quest solely for cure. And that we are eliminating what we need to be doing to be compassionate, caring individuals that interact with individuals who come to us for health care.

And what is happening out there is that people who are looking for something different than what we provide day in and day out are not going without it. They're going elsewhere. They are going to their own nutrition and herbal stores. Or they're going -- wherever they're going. Because we are not providing it, and we're not thinking about it, and this needs to change. It needs to change if we are really going to be responsible in dealing with health care.

So in my view, the way it needs to change is that, number one, we need to recognize what the problem is. We need to embrace the understanding that if we are truly involved in health care, we need to be thinking beyond disease, and think about health. We need to understand that thinking about health as motherhood and apple pie is not really like that anymore. Our capabilities are astounding. That the dazzling science may not give us cures for everything right now, but it sure is giving us a much better understanding of risks and biomarkers that will indicate early disease, and we need to pursue this

aggressively.

Let me end by something that occurred on the plane essentially coming here. There is a word people in the audience will know called bashert, bashert. I was on -- bashert means something that is destined to happen by some greater force.

I was reading the Journal of Clinical Investigation, which I don't read that often, I'm embarrassed to say. But I was going through this journal and I come across this article, "Glycyrrhizic acid alters Kaposi sarcoma-associated herpesvirus latency, triggering" blah blah blah.

And it looked really interesting, because, you know, we have one of the world's experts sitting in the first row, Dr. Straus, who I'm sure has read this paper and understands it fully. But you know, having been at the Dell Institute, I was always wondering about latency, and I read this thing, and I read the whole paper. It must be six or seven pages in this paper, and it really was very, very exciting. And as a scientist, I delighted in this. That is such a beautiful discovery.

Little did I know -- I suspect some people in the audience know what I'm going to be getting to. Looking at the JCI is this editorial, "Licking latency with licorice." The source of that potential therapeutic powerhouse is from licorice.

Now, people have been eating licorice for eons thinking that it may affect mouth sores, and this, that and the other thing. Now, if I came to one of my colleague scientists and I said, "You know what I think? I think there may be some association between licorice and Kaposi sarcoma," they'd think I'm nuts. I mean, they would not want to talk to me.

If I mention glycyrrhizic acid affects P53 this that and the other thing -- boy. Now you're talking.

Now, the argument that I'm making and the point is obvious, and I know I'm speaking to

the converted here. I think that we need to get off our high horse and welcome again, with compassionate skepticism, when people come to us in this temple of ours of science and technology, and say, "You know, licorice" -- or whatever it is. Red yeast or God knows what, may have some effect on something, let's at least give it some thought. Let's be open-minded and willing to embrace other possibilities and other types of therapies.

And I say this as a hard-nosed scientist. And I think the best scientists know this to be the case. We need to be -- one of the things that we need to be in science much more, given our responsibility, is humble. We need to have humility.

Okay. So what do I believe in, and, as the head of Duke University Medical Center and Health System, what is it that we do at Duke? And we have caught some flak from my colleagues, but nonetheless, I think you would recognize that Duke, if anything, tends toward the high tech rather than kind of the space age or whatever you want to call it.

We believe that the pillars of prospective health care are going to require awareness. Everybody in this audience knows that we are inundated with stimuli that have nothing to do with wellness. We are inundated with noise and flashing lights, and just about everything that takes away our attention. If we are going to have healthful lives, we need to be more aware of ourselves. We need to be aware of the fact that how we think our anxiety state certainly affects many metabolic processes in the body.

Movement and exercise. Renee and I are living in San Francisco right on Telegraph Hill, and every morning we are gently awakened by hundreds of people from the Chinese community coming up in the morning to practice their Tai Chi and yoga and various other beautiful movements that you see, and sometimes people who are probably 100 years old. And there's nothing like it. It's a beautiful thing to see.

Nutrition. We need to learn so much more about this.

Spirituality. This is somewhat controversial, but the data is overwhelming, not necessarily a cause and effect, but individuals who think, who take the time to think and

have belief systems that tend to be optimistic tend to do better.

And we need to entertain complementary and alternative approaches. We should not throw them away with the back of our hand.

And finally, I believe integrative medicine, above all, encompasses the caring bond between the patient and the caregiver, and the responsibility of those of us in health care to enable the patient to benefit from the full array of modalities which can be shown to improve care.

Thank you very much.